

Table 1. Main findings of included studies

Author/Year	Country	Checklist categorization	Additional criteria compared to WHO CCS
National Patient Safety Agency (2010) [11]	The United Kingdom	Sign in/ Time out/ Sign out (3 stages)	Sign in: cesarean section category (1-4), neonatal team activation). Time out: role – specific task confirmation (e.g. concerns about placenta site, catheter draining, fetal scalp electrode removal, VTE prophylaxis. Sign out: documentation of blood loss, high alert medicines (e.g. VTE prophylaxis, antibiotics), neonate identification, cord blood and gas documentation, and recovery team communication responsibilities.
Sun et al. (2020) [12]	Africa	Prior to starting surgery/ After completion of surgery (2 stages)	Prior to starting: indication of CS, fetal presentation, placentation, risk of maternal hemorrhage, bladder foley, safety belt on women’s leg, maternal positioning (left lateral). After completion of surgery: documentation of estimated blood loss and complications, postoperative care planning.
SMFM (2021) [13]	USA	Briefing/ Time-Out/ Debriefing (3 stages)	Briefing: activation of the NICU team, (if required), review of the most recent laboratory results, documentation of existing medical or obstetric issues, assessment of risk for postpartum hemorrhage (PPH), evaluation by the anesthesiologist. Time-out: initiated by the primary surgeon, verbal confirmation of patient details by the patient, announcement of additional procedures, confirmation by the midwives regarding implementation of Sequential Compression Devices (SCDs), risk of postpartum hemorrhaging (PPH), blood products, and briefing the neonate care provider." Debriefing: documentation of blood loss, specimen to be sent for histopathology, documentation of cord blood and cord gas and detailed plan outlining recovery team communication responsibilities.

SSC: Surgical Safety Checklist; VTE: Venous Thromboembolism; NICU: Neonatal Intensive Care Unit.